

OFFICE OF THE INSPECTOR GENERAL

DMHMRSAS

SNAPSHOT INSPECTION

SOUTHERN VIRGINIA MENTAL HEALTH INSTITUTE

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INSPECTOR GENERAL

OIG REPORT # 79-03

Facility: Southern Virginia Mental Health Institute
Danville, Virginia

Date: March 11-12, 2003

Type of Inspection: Snapshot Inspection / Unannounced

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EXECUTIVE SUMMARY

A Snapshot Inspection was conducted at Southern Virginia Mental Health Institute in Danville, Virginia on March 11-12, 2003. The purpose of a snapshot inspection is to conduct an unannounced review of a facility with a primary focus on three basic areas, which are consistent with basic rights as established under the Virginia Code. The areas

are as follows: safe environment as manifested through the general conditions of the facility and staffing patterns, and, the active clinical treatment provided for patients.

Southern Virginia Mental Health Institute has undergone a number of administrative changes since the last inspection, including the hiring of a new facility director. Currently there is also an Acting Medical Director and the Clinical Director position has been changed to one of clinical facilitator. All of these positions were previously filled with individuals with extended (20+) years of service at the facility. The changes have provided SVMHI with an opportunity to review its current practices, identifying both strengths and areas for improvement within its service delivery system.

In negotiations with the DOJ for other facilities in Virginia, one registered nurse (RN) for each shift on each unit was a minimal requirement. This requirement is being met at this facility despite on-going difficulties with the recruitment and retention of RNs.

Members of the OIG team observed active treatment programming throughout the inspection. SVMHI provides a variety of active treatment programs for patients based on their stability and level of functioning. The current configuration of programming is best suited for the acute care population. The facility recognizes the need to review programming options for longer care populations such as patients on NGRI status.

Tours of the facility revealed that the hospital was clean, comfortable and well maintained.

PART I: STAFFING PATTERNS

1. Number of staff scheduled for this shift for this unit? DSA= Direct Service Assistant	During the day shift:	
	Unit E	20 patients
		3 DSAs, 3 RNs
	Unit F	20 patients
		2 DSAs, 3.5 RNs
	Unit G	20 patients
		4 DSAs, 3 RNs

	Unit H 20 patients 2.5 DSAs, 3 RNs
2. Number of staff present on the unit?	Direct Observation of unit staffing by OIG revealed that all staff were present as indicated above.
3. Number of staff doing overtime during this shift or scheduled to be held over?	Interviews with the Charge Nurse for each unit indicated that 1 person during the day shift was working overtime.
4. Number of staff not present due absence because of workman's compensation injury?	Interviews with the Charge Nurse for each unit indicated that 3 staff members were either out on workman's comp leave or assigned to light duty.
5. Number of staff members responsible for one-to-one coverage during this shift?	Review of staffing indicated that one unit had 1 person on 1:1 and that the staff on that unit rotated to comply with that requirement.

6. Are there other staff members present on the unit? If so, please list by positions?

Physicians, Psychiatrists, Social Workers, Activities Therapists and Psychologists visit each unit for a significant period of the day and were on site at the time of the inspection.

7. Additional comments regarding staff:

Southern Virginia Mental Health Institute has undergone a number of administrative changes since the last inspection, including the hiring of a new facility director. Currently there is also an Acting Medical Director and the Clinical Director position has been changed to one of clinical facilitator. All of these positions were previously filled with individuals with extended experience (20+ years) at the facility. The changes have provided SVMHI with an opportunity to review its current practice, identifying both strengths and areas for improvement within its service delivery system.

It is of great concern that there are two locum tenans or temporary physicians currently at SVMHI. Physicians often play a critical clinical leadership role. Having two temporary psychiatrists in a facility of this small size is very unfortunate. This is also

very expensive for a facility to maintain. Part of the reason for medical staff leaving includes an uncertainty as to the long-term future of this facility.

OIG Finding 1.1: The staffing observed at SVMHI is sufficient for the provision of safe supervision and treatment of individuals hospitalized at this facility.

OIG Recommendation: None.

DMHMRSAS Response: DMHMRSAS appreciates recognition by the Inspector General of SVMHI's efforts in maintaining appropriate staffing levels.

OIG Finding 1.2: Two of the five psychiatrist positions are currently occupied by temporary psychiatrists.

OIG Recommendation: OIG requests a written description outlining the strategies that will be used regarding recruitment for these two critical psychiatrist positions.

DMHMRSAS Response: SVMHI currently has an acting Medical Director and four unit psychiatrists. Of the four unit psychiatrists, one is a P-14 (hourly) psychiatrist and one is a contract psychiatrist. SVMHI has been active in recruiting physicians. In May 2003, a full-time (P-3) psychiatrist will replace the P-14 (hourly) psychiatrist. At this time, SVMHI is conducting interviews that might result in replacing the contract psychiatrist with a full-time psychiatrist. If a suitable candidate is selected for hire, this psychiatrist will increase the number of full-time psychiatrists at SVMHI to five.

PART II: ACTIVITIES OF THE PATIENTS/RESIDENTS

1. Bed capacity for the unit: 2. Census at the time of the review:

At the time of the inspection, the census of all three shifts was as follows:

<u>Capacity:</u>	<u>Census:</u>
Unit E - 20	20
Unit F - 20	21 (1 on Special Hospitalization)
Unit G - 20	21 (1 on Special Hospitalization)
Unit H - 20	20

3. Number of patients/residents on special hospitalization status

Interviews with facility staff indicated that 2 patients were on special hospitalization status during this review; 1 for respiratory difficulties and 1 for the treatment of colon cancer.

4. Number of patients/residents on special precautions?

Interviews with facility staff indicated that six patients were on special precautions; 1 for aggressive behavior, 1 for cognitive difficulties, 2 for medical problems, and 2 for falling risk.

5. Number of patients/residents on 1 to 1?

Interviews with unit staff indicated that there was one patient during the visit that was on 1:1 status for aggressive behavior.

6. Identify the activities of the patients/residents?

Interviews with staff and patients, a review of facility policies regarding active programming and psychosocial rehabilitation program schedule indicated that a full complement of groups is offered throughout the day. The evening activities that are offered are primarily social including parties and dances. The next event planned is a St. Patrick's Day party. In addition, the Community Reintegration schedules off ground activities for those that have the appropriate privileges.

7. What scheduled activities are available for patients/residents during this shift?

The inspection took place during the day shift on Tuesday and Wednesday. During each of these days, 28 different groups were offered from 10:15 am – 4:15 pm for the 80 patients at the facility. Examples of groups are as follows: Symptom Management; Medication Management; Stress Management; Anger Management; Team Building; Understanding your Illness; Dealing with Cravings; Managing Panic and Anxiety; Communication Skills; Current Events; Community Living Skills; Social Skills; Money Management; Coping with Depressions and Values and Decisions.

8. Are smoke breaks posted?

Tours of the units and interviews with staff indicated that one of the four units displayed posted smoking times. Staff did indicate that all patients during orientation receive information on smoking times, which is whenever the Canteen is open.

9. Do patients/residents have opportunities for off-ground activities?

Interviews with staff indicated that depending upon the privilege level of the patient; there is opportunity for off ground activities. The facility has a Community Reintegration group that works with those that have earned off grounds privileges and meets on Tuesdays to plan the activities and the completes the activities on Thursdays. Activities

include going to the bank, restaurants, parks, bowling, and movies. A requirement to attend the Thursday activity is to be a part of the Tuesday planning meeting.

10. As appropriate, do patients/residents have opportunities for snacks?

Interviews with staff and patients indicated that all patients get an evening snack and some, depending on diet or medical condition, are scheduled to receive a snack in the morning and afternoon. Patients can also purchase their own snacks in the Canteen.

11. Other comments regarding patient activities:

Clinical record reviews revealed linkages between initial assessments, barriers to discharge and treatment planning with each patient's involvement in active treatment programming. The current configuration of programming is best suited for the acute care population. The facility recognizes the need to review programming options for longer care populations such as patients on NGRI status.

OIG Finding 2.1: SVMHI provides a variety of active treatment programs for the patients based on their stability and level of functioning.

OIG Recommendation: Review options for developing alternate programming for individuals on NGRI status, who could benefit from increased exposure to both educational and employment rehabilitation programs.

DMHMRSAS Response: SVMHI uses a Psychosocial Rehabilitation Model in the treatment of its hospitalized consumers. The Director of Psychology, who is a Ph.D. level psychologist and a Board Certified Forensic Psychologist of the American Academy of Forensic Psychologists, is heading up a Performance Improvement Project Team to address treatment programming for clients with NGRI status. The charge of this team is to embrace the principles of Psychosocial Rehabilitation in designing programming that is beneficial for individuals on NGRI status.

PART III: INSPECTION OF THE ENVIRONMENT

AREA OF REVIEW:	Comments and Observations
Common Areas	
1. The common areas are clean and well maintained.	Tours of all common areas of this facility confirmed that each area was clean, essentially free of odors and well maintained.

2. Furniture is adequate to meet the needs and number of patients/residents.	Tours of each unit indicated that furniture in common areas was adequate to meet the needs and numbers of patients on each unit.
3. Furniture is maintained and free from tears.	Tours of each residential area indicated that furniture was free from tears and is well maintained.
4. Curtains are provided when privacy is an issue.	Tours of residential units demonstrated that window coverings are provided for privacy from the outside.
5. Clocks are available and time is accurate.	Tours of all four units indicated that clocks were available in public areas and had the correct time.
6. Notification on contacting the human rights advocate is posted.	A poster, providing information on how to contact the Human Rights Advocate, is posted in a public area of each unit.
7. There is evidence that the facility is working towards creating a more home-like setting.	<p>There is evidence that the facility is working to create a more homelike atmosphere. The day rooms are nicely decorated with many faux plants, lots of windows, an entertainment center with a TV and books, games and pictures.</p> <p>In the intersections of the hallways, there are wall murals, large boxes with faux plants and large leafy trees.</p>
8. Temperatures are seasonally appropriate.	Tours of each unit during all three shifts confirmed that temperatures were seasonally appropriate even though one day of the inspection it was sleeting and the second day of the inspection it was warm and sunny.

9. Areas are designated for visits with family, etc., which affords privacy. Visiting hours are clearly posted.	Tours of visiting area and observations of family's visiting with clients indicated that the areas designed as visiting areas were set up appropriately.
10. Patients/residents have access to telephones, writing materials and literature.	Interviews with staff indicated that clients have access to communication materials and literature. There is a well-stocked library. Patients are allowed to make one phone call per shift. There are pay telephones if additional phone calls are desired.
11. Hallways and doors are not blocked or cluttered.	Tours of units indicated that hallways and doors are not blocked and cluttered.
12. Egress routes are clearly marked.	Tours of each unit indicate that egress routes are clearly marked.
13. Patients/residents are aware of what procedures to follow in the event of a fire.	Interviews with staff and patients indicated that fire drills are conducted once per shift per month and patients were aware of where of proper procedures.
14. Fire drills are conducted routinely and across shifts.	Interviews with staff indicated that fire drills are conducted once per shift per quarter.
Bedrooms	Comments and Observations
1. Bedrooms are clean, comfortable and well-maintained.	Tours of all residential units indicated that all bedrooms overall were clean and well maintained. Staff indicated that with the elimination of the token store there is not as much motivation to keep a room clean for some patients.

2. Bedrooms are furnished with a mattress, sheets, blankets and pillow.	Tours of bedrooms on all units indicated that each patient is furnished with a mattress, sheets, blankets and a pillow. If there is a need for an egg-crate mattress topper, it can be requested through a physician.
3. Curtains or other coverings are provided for privacy.	Tours of all residential units confirmed that curtains and other coverings are provided for patient's privacy.
4. Bedrooms are free of hazards such as dangling blind chords, etc.	Tours indicated that there are no blinds in bedrooms; curtains are used as the window coverings.
5. Patients/residents are able to obtain extra covers.	Interviews with staff indicated that clients are able to obtain extra linens and covers.
6. Patients/residents are afforded opportunities to personalize their rooms.	Interviews with staff and tours of bedrooms indicated that clients are given the opportunity to personalize their rooms. Staff will work with patients in Arts and Crafts groups to construct safe decorations.
Seclusion Rooms	Comments and Observations
1. Seclusion and/or time out rooms are clean.	Tours and observations indicated that seclusion and/or time out rooms were clean.
2. Seclusion and/or time out rooms allow for constant observations.	Tours of units indicated that seclusion and/or time out rooms do allow for constant observation.

3. Bathrooms are located close to the seclusion or time-out areas.	Tours of units indicated that seclusion and/or time out rooms are located next to the time out bathrooms.
Bathrooms	Comments and Observations
1. Bathrooms were clean and well maintained	Tours of unit bathrooms indicated that all were cleaned and well maintained.
2. Bathrooms were noted to be odor free.	Tours of unit bathrooms across all shifts indicated that all were odor free.
3. Bathrooms were free of hazardous conditions.	Tours of unit bathrooms indicated that all were free of hazardous conditions.
Buildings and Grounds	Comments and Observations
1. Pathways are well-lit and free of hazardous conditions.	Tours of outside grounds indicated that pathways were well lit and free of hazardous conditions.
2. Buildings are identified and visitor procedures for entry posted.	Upon entering the hospital all visitors are required to check in, receive a visitors badge and be escorted to their location.
3. Grounds are maintained.	A driving tour of the grounds demonstrated that all are well maintained.
4. There are designated smoking areas with times posted.	The designated location for smoking is the Canteen and patio and the times are noted.
5. Patients/residents have opportunities to be outside.	Interviews with staff indicated that clients regularly go outside on and off grounds, weather permitting.

Other comments regarding the environment:

Southern Virginia Mental Health Institute is in the process of completing a total renovation of the fire alarm system. This project has been a goal for the past five years.

OIG Finding 3.1: Tours of the facility revealed that the hospital was clean, comfortable and well maintained.

OIG Recommendation: None.

DMHMRSAS Response: DMHMRSAS appreciates recognition by the Inspector General of the maintenance of the SVMHI environment.

PART FOUR: APPLICATION OF PRINCIPLES OF BEHAVIORAL MANAGEMENT

Interviews were conducted with administrative and clinical staff regarding the use of behavioral management within the facility. In addition, an active plan as well as policies and procedures governing behavioral management were reviewed.

Referrals are made to the Director of Psychology when the treatment team determines that a formalized behavioral plan is clinically indicated. The Director works with the team psychologist on completing a functional analysis of the target behavior and developing a behavioral support plan for addressing the identified behavior, including positive reinforcers. The Behavioral Management Committee oversees behavioral support plans. This seven person committee includes members of the clinical leadership within the hospital, such as the Medical Director and the Director of Nursing. The Local Human Rights Committee reviews behavioral plans that have restrictive components.

Staff responsible for implementing the plans are provided with extensive training, usually by the team psychologist, throughout the duration of the plan. At the time of the inspection, there was one patient on a behavioral support plan. In addition, members of the psychology department conduct annual training with the staff concerning principles of behavioral management.

Behavioral management programming, which is used on all the units, is designed to create new conditions for learning and eliminate or reduce undesired behaviors for all patients. There are many techniques for the development of a unit behavioral management system including daily community meetings, the formation of unit rules and for some patients the use of a token economy, for the provision of rewards for the successful completion of specific target behaviors.

In addition to general behavioral strategies, treatment teams in cooperation with unit direct care staff develop informal behavioral strategies for use as brief interventions when the team wants to increase the strengthening of target behaviors through the development of person specific reinforcements. Target behaviors might include increased attention to ADLs, attending active treatment programming or maintaining personal space. These

strategies are often a key element in assisting the patient in adapting to the environment and promoting behaviors consistent with recovery goals.

Even though behavioral management support plans have been developed and serve as a useful tool in the clinical management of challenging patients, the discontinuation of the token store has severely limited options for applying behavioral management principles as a part of unit management. Members of the OIG team observed that bedrooms within the facility were significantly messier than during previous inspections. Staff indicated that since the closing of the token store, there are few incentives for engaging patients in performing activities of daily living, maintaining their personal space and attending groups.

There is a cost benefit in engaging patients early on in hospitalization that may reduce length of stay and promote habits and skills, which result in better community adaptation. Providing tangible incentives for positive behaviors while in an inpatient setting can be an important first step in promoting healthy and sustained recovery.

Members of the Psychology Department, which includes 3 Master's level and two PhD level psychologists, have all completed the formalized behavioral management training.

OIG Finding 4.1: SVMHI utilizes informal behavioral management programming throughout the facility and develops individualized behavioral management plans for those with specialized or unusually intensive needs. The capacity to maintain a viable and constructive facility behavioral management program has been severely limited by the closing of the token store. This was done due to budget reductions.

OIG Recommendation: Work with Central Office in determining ways to re-open the token store.

DMHMRSAS Response: The SVMHI token store, as noted, was discontinued due to funding reductions. SVMHI recognizes that the loss of this tool may have impacted our behavioral management program. SVMHI continually monitors its behavioral management program and, as part of this monitoring effort, will consider the viability of reinstating the token store during the next fiscal year. Discussions with the Division of Facility Management will ensue should the decision to re-open the store be made and new funding be required.